## APPENDIX B. D.C. FORM 35 Government of the District of Columbia

18-B1

## CONFIDENTIAL STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS

1. Name (Last, first, initial)				2. Title of Position	
3. Date of Appointment in Present Position			4. Agency and Major Organizational Segment		
Provide the following informat household. (Immediate househ the employee's household, and	old consists of the employ	ee's spouse and	l blood-relations v		
	PART I. BUSINESS	AND ORGA	NIZATIONS		
List the names of all business enter immediate household: (a) are conn or (b) has a continuing financial in prior employment or association; of bonds, securities, or trusts. If non-	ected as an employee, officer terest, through a pension or or (c) in which you have any	, owner, director retirement plan,	, member, trustee, p or other arrangeme	partner, advisor, or consultant; nt as a result of any current or	
Name and Kind of Organization (Use Part I Designation, if applicable)	Address		Position in nization (Use Part Designations, if applicable)	Nature of Financial Interest, e.g., Stock, Prior Business Income (Use Part I(b) and (c) Designation, if applicable)	
	PART II.	CREDITORS			
List the names of your creditors ar your personal residence or debts for education, vacation, and similar ex	d creditors of members of yor current and ordinary hous	our immediate ho sehold and living	usehold other than expenses such as ho	the holder of the mortgage on usehold furnishings, automobile,	
Name and Address of Creditor			C	Character of Indebtedness, e.g., Personal, Loan, Note, Security	
	PART III. INTERES	TS IN REAL	PROPERTY		
List any interest in real property o "NONE."	r rights in lands, other than	property which y	ou occupy as a pers	onal residence. If none, write	
Nature of Interest, e.g., Own Mortgage, Lien, Investment	Trust Residence, H	Type of Property, e.g., Residence, Hotel, Apartment, Farm, Undeveloped		Address (If rural, give RFD, County, and State)	

		CONTRACTOR OF THE PROPERTY OF			
PART IV. INFO	RMATION REQUESTED OF	OTHERS			
If any information is to be supplied by other persons address of such persons, the date upon which you re involved. If none, write "NONE."					
Name and Address	Date of Request	Nature of Subject Matter			
-					
St.					
PART V BUSIN	IESS WITH DISTRICT OF C	OLUMBIA			
List any business entity you have listed in Parts I thi					
Columbia.	ough 111 which is doing business of	nas done business with the District of			
PA	RT VI. CERTIFICATION				
This is to certify that I have received and read the in					
private interests as they relate to my employment, ar or other business interests which are prohibited. I fi	id that, to the best of my knowledge	and belief, I have no outside employment			
to the best of my knowledge and belief.	interest control that the statements is	ave made are true, complete, and correct			
Date	Signature				
	ART VII. EVALUATION				
I have reviewed the above statement in light of the p apparent conflicts of interest are avoided. My evalu-		individual to ensure that both actual and			
☐ No affiliation/financial interests reported.					
☐ Reported affiliation/financial interests are unrela	ted to assigned or prospective duties	and no conflicts appear to			
exist.	to to assigned of prospective duties	, and no connects appear to			
☐ Assigned duties require participation in matters in	ivolving or which may involve the fo	llowing reported affiliation/			
financial interests:					
This conflict or apparent conflict will be resolved	hu-				
☐ Change in assigned duties ☐ Divesture of the interests and relief of incumbent from all					
related duties pending divesture					
☐ Disqualification ☐ Other (Expl:	ain)				
A copy of my advice is attached. Notice					
☐ The following reported affiliation/financial intere					
determined by the appropriate official not so subst of that formal determination and rationale is attac		e individual's services (a copy			
☐ The prospective employee's duties will require par					
financial interests, and the appointment cannot be	consummated until divesture of the	se interests is completed:			
If additional space is needed	d, continue category(ies) on bo	nd paper and attach.			
Signature of Reviewer	Print or Type Name and Title	Date			